



Joint activity with ProVIC during World AIDS Day 2012: People sensitized by PSI/ASF, at *Rond Point Victoire* at night, go to ProVIC's mobile VCT unit for testing.

Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00

Programmatic Quarterly Report
October – December 2012

Submitted by:
Population Services International
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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: October – December 2012 (Q1 FY13)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key successes during Q4 FY12:

1. 4,143,704 male condoms and 400,906 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 250,608 Combination-3 oral contraceptives, 57,558 injectables, 1,272 IUDs, 2,911 CycleBeads and 910 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 46,228 CYPs were generated through the distribution of FP products over the quarter.
4. 1,676 Clean Delivery Kits were distributed.

5. 1,019, 656 sachets of PUR and 347,680 tablets of Aquatabs were distributed to treat 17,150,160 liters of water.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. Commercial and pharmaceutical wholesalers continued to buy and distribute our health products.
2. In December 2012, sales forces worked to meet demand. Next quarter, the sales forces will be used more intensively.
3. Sales forces visited points of sales to ensure that they meet MAP (measuring access and performance) criteria, which are: lack of stockout, visibility of products, presence of promotional materials, compliance with the recommended price, and absence of expired products.
4. The inventory of all rural strategy materials in provinces was completed.

HIV/AIDS/STI

1. At the beginning of this quarter, there were 55,665,850 Prudence[®] male condoms and 65,921 Prudence[®] female condoms stored in PSI/ASF's warehouses in the targeted provinces. During this quarter, 750,000 female condoms were received and 150 units were used for testing purposes; the regularization of the inventory was also done for 30 units. A quantity of 550,000 Prudence[®] male were given to the DoD project.
2. A batch of 14,568,000 "Prudence Sensuel" male condoms were received from USAID at PSI/ASF's main warehouse. The application for the market entry authorization (AMM) of this new product is being processed at the MoH.
3. A total of 3,833,333 3-unit packs and 255,555 45-unit packs (or dispensers) for packaging Prudence[®] male condoms were ordered and received during this quarter.
4. During this quarter, 500,000 2-unit packs for packaging Prudence[®] female condoms were ordered and received at the main warehouse.
5. The following tables highlight the distribution of male and female condoms by province during Q1 FY13 and the inventory on hand at the end of December 2012:

Male Prudence	Distribution	Stock (packaged and unpackaged) available, end of December 2012
KINSHASA	905,625	46,256,280
KATANGA	531,365	1,080,370
BAS-CONGO	135,000	307,305
SUD-KIVU/ NORD-KIVU	429,885	540,504
PROVINCE ORIENTALE	212,355	293,895
EQUATEUR*	0	278,370
KASAI OCCIDENTAL	684,504	
KASAI ORIENTAL	1,244,970	2,161,260
TOTAL	4,143,704	50,917,984

*There was no distribution in Equateur during this quarter as wholesalers still had a significant stock.

Female Prudence	Distribution	Stock available, end of December 2012
KINSHASA	231,800	279,993
KATANGA	47,840	43,314
BAS-CONGO	9,800	11,920
SUD-KIVU/ NORD-KIVU	1,200	52,456
PROVINCE ORIENTALE	3,666	27,152
EQUATEUR	5,800	0
KASAI OCCIDENTAL	50,400	
KASAI ORIENTAL	50,400	0
TOTAL	400,906	414,835

6. Prudence® male and female condoms were dispatched to and received in provinces. All the remaining stock of Kasai Occidental was transferred to Kasai Oriental after the closure of PSI/ASF's office in that province. Equateur's and Kasai Occidental's stocks were not replenished after their having distributed all their stock because the target of 175,000 female condoms (after the HIV budget cut) was already reached.
7. In partnership with PNMLS and the Ministry of Tourism, the launch of condom distribution in hotels took place in the presence of the Provincial Minister of Tourism, the Provincial Executive Secretary of PNMLS and managers of 236 hotels located in Kinshasa (See pictures on the next page). This collaboration will be strengthened and implemented in other provinces. It should be noted that the first phase of this activity was the free distribution by PSI/ASF of Global Fund's stock. It will certainly create demand, which will be met with USAID's stock.



Left picture: The official launch takes place in Kinshasa in the presence of the Provincial Minister of Tourism (2nd from left), the AIDSTAR project COP (3rd from left) and PNMLS' Provincial Executive Secretary (4th from left); right picture: PSI/ASF's communication staff raises hotel managers' awareness on HIV, with a demonstration on correct use of condom

Family Planning

1. The packaging for *Confiance* DIU, injectables and Combi-3 was ordered during the quarter and the delivery is expected in the next quarter.
2. In December 2012, the MoH granted the market entry authorization for 35-pill Microlut. Unfortunately, there is no product in stock.
3. The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from October to December 2012.

Province	COMBI 3	MICROLUT	Injectable	IUD	Cycle Beads	Jadelle
Kinshasa	82,673	0	27,028	1,084	724	37
Katanga	32,880	0	8,190	35	535	49
Bas-Congo	14,400	0	4,800	17	190	44
Sud-Kivu / Nord-Kivu	20,935	0	4,920	10	605	350
Kasaï Occidental	29,300	0	1,480	60	480	400
Kasaï Oriental	58,545	0	4,970	32	265	20
Province Orientale	7,910	0	3,910	19	46	10
Equateur	3,965	0	2,260	15	66	0
TOTAL	250,608	0	57,558	1,272	2,911	910

5. FP social marketing products were dispatched to and received in provinces.

- Working sessions were held before starting the system of directing clinics to restock from distributors.
- FP products (COC, DMPA, IUD, CycleBeads, and Implants) were distributed through social marketing in *Confiance* clinics and by pharmaceutical stores and wholesalers.

Maternal & Child Health

CDK

- CDKs were distributed; only 81 units remained at the end of the quarter. It is expected that the distribution of this remaining quantity will be completed by the end of January 2013. It should be noted that there was the regularization of inventory for 3 units, which were missing during the dispatch of the product from Kinshasa to Matadi.
- The following table highlights the distribution of *Délivrans*[®] by province during Q1 FY13, and the inventory on hand at the end of December 2012:

DELIVRANS*	Distribution	Stock available, end of December 2012
Kinshasa		
Katanga	572	
Bas-Congo	217	
Sud-Kivu / Nord-Kivu	421	
Province Orientale	166	
Equateur	40	81
Kasaï Occidental	260	
Kasaï Oriental		
TOTAL	1,676	81

*Apart from Equateur, all the other provinces completed their stock.

Water and Sanitation

- From October to December 2012, a total of 1,019,656 sachets of PUR and 347,680 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Nord-Kivu, Bas-Congo, Province Orientale, Equateur, Kasaï Occidental and Kasaï Oriental). Awareness-raising activities with demonstrations in the community accompanied the distribution, and made it easier for wholesalers and sales outlets to sell these products.
- The sampling of Aquatabs for testing purposes by the MoH will be carried out after the product, which is still stopped at customs in Kinshasa, will have been received at PSI/ASF's main warehouse.

3. PUR stock was dispatched to and received in province.
4. There was free distribution, coupled with the demonstration on the use, of PUR in endemo-epidemic cholera sites in partnership with affected health zones. USAID will not have to support this free distribution since the product is purchased by PSI/ASF.
5. Since September 2012, there is no Aquatabs stock available in the main warehouse. While waiting for the reception of the product, which is still at customs, provinces continue to distribute stocks they have.
6. The following tables highlight the distribution of products by province during Q1 FY13, and the inventory on hand at the end of December 2012:

PUR*	Distribution	Stock available, end of December 2012
Kinshasa	198,000	2,210,988
Katanga	297,360	118,152
Bas-Congo	77,280	15,360
Sud-Kivu / Nord-Kivu	171,324	0
Kasaï Occidental	40,720	
Kasaï Oriental	22,560	95,520
Province Orientale	200,160	0
Equateur	12,252	99,306
TOTAL	1,019,656	2,539,326

*Since there was free distribution of the product, the two provinces experiencing stockouts at the end of the period distributed more than their average monthly consumption.

AQUATABS	Distribution	Stock available, end of December 2012
Kinshasa	48,320	26,232
Katanga	142,080	1,760
Bas-Congo	38,400	0
Sud-Kivu / Nord-Kivu	71,680	0
Kasaï Occidental	17,600	
Kasaï Oriental	26,560	320
Province Orientale	2,080	56
Equateur	960	3,880
TOTAL	347,680	32,248

Task 1 Indicators: Situation as of end Q1 FY13

	INDICATORS ¹	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	9,500,000	4,143,704	43.62	Distribution of male condoms in Q1 FY13 was a bit higher than the objective that had been set, partly due to the male condom promotion campaign that continued in the earlier part of the quarter. It should be noted that the Year 4 target was reduced due to the HIV budget reduction.
2	Number of female condoms distributed through the USG funded social marketing programs	175,000	400,906	229.08	Sales of female condoms continue to be high. It should be noted that the Year 4 target was reduced due to the HIV budget reduction.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	62,000,000	17,150,160	27.66	On track
5	Number of clean delivery kits distributed through the USG funded social marketing programs	1,760	1,676	95.23	The distribution of this product will end next quarter given the target will have been reached by then.
6-1	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,797,281	250,608	13.94	Choice of this method is expected to increase next quarter based on the contribution of CBEs.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	250,000	57,558	23.02	On track
8	Number of IUDs distributed through the USG funded social marketing programs	3,000	1,272	42.40	During this period choice of this method was relatively high .due to post partum IUD distribution, which resulted from awareness-raising activities carried out in the 5 maternity facilities selected for PPIUD insertions.
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,200	2,911	46.95	During this period choice of this method was relatively high since it was part of the community-based distribution.
10	Number of implants distributed through the USG funded social marketing programs	2,500	910	36.40	During this period choice of this method was relatively high
11	CYP	218,019	46,228	21.20	On track

¹ Any missing indicator in the table has no target to be reported for year 4 project.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. Communication materials developed on CD and DVD and approved by the Ministry of Health were shared in Kinshasa with governmental partners (PNMLS, PNSR, and PNLMD) and partner implementing NGOs. Provincial offices will do the same at the provincial level next quarter.
2. PSI/ASF's Marketing, Communication and Sales Department had been finalizing a draft script of the documentary on the AIDSTAR project and it is expected that this script will be finalized and produced during the next quarter.

HIV/AIDS/STI

1. The remaining communication materials produced in 2012 had been distributed during IPC activities and to partner NGOs. This distribution will continue in the next quarter.
2. The broadcasting of the "Prudence" reminder radio and TV spots developed in 2012 will start during the next quarter to support sales of the product.
3. The FoQus on Marketing Planning study conducted last year identified some false beliefs related to condom, which are commonplace. To ensure that the message will reach the largest segment of the population, it was decided to develop a leaflet instead of a poster. This will be done in the next quarter. The contents of the leaflet will be conveyed orally during communication sessions.
4. Interpersonal communication sessions with local implementing NGOs were conducted in project-targeted provinces.
5. Mass communication sessions with local implementing NGOs (MVU, etc.) were conducted in project-targeted provinces.
6. BCC activities coupled with mobile VCT in collaboration with ProVIC were conducted in Kinshasa in October and during World AIDS Day (WAD) in December 2012. In October, 2,500 persons were reached, 900 of them were oriented to VCT. During WAD 2012, 900 persons were reached, 700 of them were oriented to VCT; 501 out of these 700 got tested. (See picture on the next page)



WAD 2012: PSI/ASF's team raises people's awareness on HIV during the joint activity with ProVIC

100%Jeune

1. Apart from the HIV prevention topic, the magazine will also address family planning and develop main themes such as early pregnancies, sexual education and how to overcome taboos. Indeed, the implementation of the *100%Jeune* project has revealed that most of the targeted youth (aged 14-25) are already sexually active. So, the best way of raising their awareness is to integrate reproductive health with HIV in the contents of the magazine. In addition, various testimonies gathered and published during the year 2012 indicated that young girls are vulnerable and exposed to risk. Thus, discussing about family planning to educate and sensitize them is crucial.
2. The Facebook profile used during the project's Year 3 was rebranded as *100% Jeune*. New friend requests were sent to users of the previous account. To date, 150 had responded and shared information on the magazine's profile. Increasing the number of friends on the Facebook profile of the magazine is the goal. So, apart from sending direct requests, PSI/ASF shared the profile address with its staff and USAID, with the hope that they will also share it. The profile is updated weekly with questions and pictures.

Family Planning

1. Creative briefs are being developed for the production of the FP flipchart and posters on frequently asked questions that address false beliefs regarding contraceptive methods and protocols of various contraceptive methods in order to ensure best quality service. These posters are to be posted in clinics and sales points.
2. Through its technical staff in charge of communication, PNSR validated the updated FP flipchart to be duplicated. This material will support FP communication and promotion activities in the community.
3. A total of 145 community-based educators were active in all the project-targeted areas. They conducted home visits, educational chats and participated in the community-based distribution of some FP methods such as oral contraceptives, CycleBeads, and condoms.

4. During educational chats, water-related communication was integrated, with demonstrations on the correct use of water purifiers.
5. Confidentiality is one of the main principles in offering FP services. Thanks to the toll-free hotline, which is an IPC tool, clients enjoyed discretion during their phone calls related to FP issues. The hotline remained operational during the quarter, with its two available phone numbers: 081 080 00 00 and 099 800 30 01.

Number of people reached through FP interpersonal communication, by province
(October-December 2012 – Q1 FY13)

Province	Men	Women	Total
Kinshasa	17,329	17,740	35,069
Katanga	1,445	8,847	10,292
Bas-Congo	261	1,044	1,305
Sud-Kivu	1,193	7,573	8,766
Nord-Kivu	2,225	7,619	9,844
Province Orientale	1,126	2,392	3,518
Equateur	525	2,867	3,392
Kasaï Occidental	2,258	9,493	11,751
Kasaï Oriental	2,604	8,111	10,715
Total	28,966	65,686	94,652

6. The hotline, which aims at improving access to information on FP, reported numerous calls from men, namely 2,442 (66%) calls out of a total of 3,698 calls recorded during the quarter. 57.90% of recorded questions were about FP information (FP advantages, types of methods, users' profile, etc.), 7.92% of them were concerns about the side effects (rumors, false beliefs), 20.39% of them were about PSI/ASF's products and about 13.79% of them related to other health areas.

Number of calls received by FP hotline, by province
(October-December 2012 – Q1 FY13)

Province	Calls		Total
	Men	Women	
Kinshasa	641	699	1340
Katanga	754	116	870
Bas-Congo	116	95	211
Sud-Kivu	79	23	102
Nord-Kivu	43	31	74
Province Orientale	84	22	106
Equateur	116	39	155
Kasaï Occidental	177	70	247
Kasaï Oriental	207	72	279
Maniema	66	19	85
Bandundu	159	70	229
Total	2442	1256	3698

7. Counseling sessions, organized for couples or individuals (men and women) of reproductive age in network clinics, created a framework for extensive exchanges on FP, its importance in health and the available contraceptive methods including condoms, which offer dual protection. As shown in the table below, 25,276 people benefited from this service thanks to FP providers.

Number of people reached through FP counseling visits, by province
(October-December 2012 – Q1 FY13)

Province	Men	Women	Total
Kinshasa	1 ,759	10, 007	11,766
Katanga	250	2 ,017	2,267
Bas-Congo	69	259	328
Sud-Kivu	55	956	1,011
Nord-Kivu	162	1 ,236	1,398
Province Orientale	183	945	1,128
Equateur	40	129	169
Kasaï Occidental	948	1, 982	2,930
Kasaï Oriental	1 ,150	3, 129	4,279
Total	4,616	20,660	25,276

8. A total of 11,987 new clients accepted to use modern contraceptive methods.

Number of new clients recruited, by province
(October-December 2012 – Q1 FY13)

Province	New Clients		Total
	Men	Women	
Kinshasa	0	7 789	7 789
Katanga	0	732	732
Bas-Congo	0	67	67
Sud-Kivu	0	516	516
Nord-Kivu	0	251	251
Province Orientale	0	472	472
Equateur	0	484	484
Kasaï-Occidental	0	954	954
Kasaï-Oriental	0	722	722
Total	0	11,987	11,987

9. Nine technical meetings were conducted with clinic providers in order to improve the quality of service delivered in partner clinics. They provided a framework for sharing best practices and lessons learned. During these meetings, specific themes were discussed, such as infection control during administration of long-acting methods, especially IUD and implants (*Jadelle*).

Maternal & Child Health

1. The flipchart on diarrhea management was developed in collaboration with PNLMD and produced. It will be distributed in Q3 FY13, right before the launch of Ora-Zinc, the product the generic campaign is related to.

Water and Sanitation

1. FP and Water integrated activities conducted by CBEs enabled to communicate on PuR and Aquatabs products.
2. During outreach activities promoting the use of water purifier products, 35,860 people were reached.

Task 2 Indicators: Situation as of end Q1FY13

	INDICATORS	Year 4 Targets	Year 4 Achievement (numbers)	Year 4 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	1200	5,480	456.66	The response from the audience was greater than anticipated
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	3,900	4,874	124.97	Due to World AIDS Day celebrations, there was an intensification of activities
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	3,100	5,139	165.77	Due to World AIDS Day celebrations, there was an intensification of activities
15	Number of targeted condom service outlets	8,852	7,152	80.79	Points of sale are cumulative
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	60,000	40,063	66.77	Due to World AIDS Day celebrations, there was an intensification of activities
17	Number of media outlets including HIV/AIDS messages in their program	10	0	0	Media outlets that PSI/ASF will be collaborating with this year were selected and negotiations with them are underway. Contracts are expected to be signed next quarter.
18	Number of media broadcasts that promote responsible sexual behavior	1,000	0	0	Broadcasts will start next quarter, capitalizing on the increased activity of sales forces.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	10	22.22	The level of stockout is low and is far from reaching the limit of 45.
22	Numbers of people reached during outreach activities promoting the use of water purifier products	200,000	35,860	17.93	Ongoing
23	Numbers of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	20,000	-	-	The product is not yet available
25	Percentage of delivery points reporting stock-out of water purifier at any time	15%	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers) for PUR.

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. Technical meetings with local partner NGOs (Parlons Sida, EUB, ELCOS, APEDEF, Halte Sida, CEDAPRO, ACCO, and PNC) were held monthly in Kinshasa and Province Orientale.
2. A post training follow-up was conducted by PSI/ASF, PNLS and PNMLS for the benefit of 43 trained peer educators and 9 supervisors in Kisangani, and 53 peer educators and 15 supervisors in Kinshasa.
3. Nine quarterly technical meetings with CBEs and FP service providers from *Confiance* network clinics were held in various locations for their continuous capacity building. Their successes in delivering FP services to target groups, areas that need improvement in order to guarantee clients' safety and continuity of FP care were considered.
4. The process of selecting PPIUD clinics led to the identification of five health facilities in Kinshasa (Hôpital Roi Baudouin, Maternité de Kintambo, and Mother and Child centers in Ngaba, Barumbu and Bumbu); this was done in collaboration with the Provincial Inspection of the MoH and PNSR's Provincial Coordination. Thanks to the technical support from the new PPIUD trainers who were trained in September 2012, 10 FP clinic providers were trained during this quarter on techniques of post partum insertion of IUD. These providers have started delivering this service.
5. FP basic training, which started during project's Year 3, will continue in the next quarter for the capacity building of about 380 PMTCT service providers who are able to offer HIV/AIDS & FP integrated services in Kinshasa, Katanga, Sud-Kivu, Province Orientale and Bas-Congo.

To finalize the training plan under "FP capacity building for PMTCT Acceleration plan," PSI/ASF met the four relevant USG PMTCT partners (ProVIC, EGPAF, ICAP, and UNC) and that led, among other things, to the categorization of the 500 participants as service providers and supervisors, their distribution as PSI/ASF budgeted for these four 4 organizations PMTCT and the assignment of trained PMTCT supervisors as trainers to facilitate training modules.

During these meetings, the overlap in *Confiance* clinics, which was observed after the first phase of FP training related to PMTCT, was discussed. These discussions will continue at future meetings to reach an effective solution.

6. The ASF's institutional development plan was finalized and has yet to be approved by ASF's board at its meeting in April 2013.
7. A four-day workshop was held in November 2012 to develop the PSI/ASF 2013-2016 strategic plan. This plan identifies the strategic direction for ASF over the next five years. It is based on an analysis of the internal and external environment of ASF, results of a stakeholder survey and a review of the PSI global strategic plan. The draft that was developed during the workshop will be presented and discussed at the same board's meeting in April 2013.

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. Periodic reviews and planning for USAID HZs will be organized during the next quarter and PSI/ASF's provincial offices are mobilized to participate.
2. Up to now, no HZ has convened health partners for the development of 2013 operational action plans.
3. PSI/ASF attended the monthly cluster WASH meeting in October and November 2012. These meetings were hosted by Unicef and addressed the issue of cholera outbreaks in DRC and the elaboration of the strategy for eliminating cholera in DRC within the 5 coming years. Solidarités Internationales, OXFAM, MSF, etc. were also present.
4. The repositioning of FP in DRC is a multistage process, one of these stages being the development of the FP national strategic plan that sets out main guidelines about the promotion of FP over the next five years. PSI/ASF participated in Kinshasa in the preparatory workshops as well as in workshops for the writing of this plan draft under the coordination of PNSR and the Permanent Multi-sectoral Technical Committee (*Comité Technique Multisectoriel Permanent*), which was recommended by this process. Other FP partners, such as the Kinshasa Public Health School, ABEF/ND, UNFPA, IRC, SCOGO, etc. also participated.
5. To mark the celebration of the World Contraception Day, PSI/ASF supported and participated in activities that aimed at raising target groups awareness of the importance of FP on health and promoting FP in various intervention sites.
6. Contacts and schedules were established with various government health programs (PNSR, PNLMD and PNMLS) at the national level to start holding working sessions with them, wherever possible, from next quarter on.

Capacity Building & Assessments

1. This quarter, partnership agreements were renewed with the following local implementing NGOs in Kinshasa: CEDAPRO, APDEF and ACCO.
2. During this quarter, Social Impact prepared for the Training of Trainers (TOT) to equip consultants and PSI/ASF staff members to be organizational coaches based in the provinces where PSI/ASF will be working with all 20 local partner NGOs.
3. Social Impact also finalized plans for capacity assessment and strengthening for the remaining 11 partner NGOs.
4. During this quarter, Social Impact also designed financial and administrative procedural manuals with four NGOs: CEDAPRO and RENADEF in Kinshasa, and DFDC and RACOF in Lubumbashi.

Task 4 Indicator: Situation as of end Q4 FY12

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	23	20.90	Ongoing

Research, Monitoring and Evaluation

Cross-Cutting

1. The Research Department already developed the integrated supervisory and reporting tool.
2. Joint supervision with the national-level PNSR was conducted in PSI/ASF-supported health structures in Kinshasa.

HIV/AIDS/STI

1. In connection with the Willingness-to-Pay study on "Prudence" products, data collection started in Kinshasa since December 2012 and will continue in Lubumbashi in January 2013

Reporting

1. During this quarter, PSI/ASF submitted one quarterly technical progress report, one quarterly financial report for the period from July to September 2012 and Year 3 annual technical report.

III. Project Management

Planning 2013

1. In early October 2012, PSI/ASF organized a 2013 activity-planning workshop for the AIDSTAR project with USAID, the Ministry of Health through its technical programs [National Reproductive Health Program (PNSR), National AIDS Control Program (PNLS), National Multi-Sectoral Program against AIDS (PNMLS) and National Program to Combat Diarrheal Diseases (PNLMD)] and implementing partners (USAID/PROVIC, USAID/PROSANI). PSI/ASF was represented by its provincial offices' representatives, the national programmatic teams, key staff from support departments and PSI/W representative (Program Manager based in Washington, DC). Activities during the workshop included: 1) PSI/ASF FY12 AIDSTAR project achievements, lessons learned and challenges, 2) Reminders on PNLMD's, PNSR's and PNLS' national policies and their 2013 work plans, 3) experience sharing with ProVIC and PROSANI, 4) USAID's general and specific comments and guidance, 5) Development of the AIDSTAR project's FY13 work plan with inputs from all the attendees, including USAID and the MoH.

2. The final version of the 2013 action plan was submitted to USAID for approval on October 30, 2012. A second version was submitted on December 13, 2012 after integrating USAID's feedback requesting that PSI/ASF adjust all HIV indicators and distribution targets to the previous levels already approved by PEPFAR. Since USAID approved the revised work plan package and budget with an exception and some recommendations, PSI/ASF resubmitted the last versions of these documents, which took into account that exception and those recommendations, on December 21, 2012. It should be noted that these resubmissions were based on the principle that the HIV budget was re-established to its initial level. However, a contract modification had been awaited before the implementation of this budget.

AIDSTAR Project's Closeout

3. The inventory of equipment acquired for the project is available.
4. A first group of project's personnel (18) was dismissed in October 2012 in all project-targeted provinces because of the HIV budget cut.

International Trips

5. In October 2012, a four-day STTA was conducted by the PSI/WCA Deputy Regional Director to review the design and the implementation of the ASF's institutional development plan. Valuable amendments were proposed to the plan, which is currently ready, pending approval by the board during the next ASF's board meeting in April 2013.
6. Alongside other USAID's partners and MoH's representatives, PSI/ASF attended the international conference on the *Use of Mobile Technology to Improve FP and RH* in Dar es Salaam, Tanzania. This conference allowed countries to share their experiences in using the mobile technology through its available functions (voice, SMS, Internet, money transfer, etc.) to improve vulnerable populations' health. DRC's presentation, displayed in the plenary session, consisted in a video that took into account all mobile technology's options different partners use in the health field. At the end of the conference, each member country developed and presented a national vision related to large-scale use of mobile telephone to improve health. For DRC, the proposed vision is the "rational integration of mHealth in the national health system to improve coordination, use of services and program management." MoH's representatives (PNSR and PNSA) will submit it to government health officials in order to define the next steps.
7. From October 28, 2012 to November 16, 2012, three training sessions took place in Washington, DC. They were related to marketing, leadership and induction for the BCC specialist. Since PSI's main activity is social marketing, leveraging successful experiences from private sector, a whole week was devoted to the marketing trade approach that platforms should start to put in place. The focus during the second and third weeks was the personal development in the management of work relationships and in the membership to an international organization as well as the implications of these factors in fulfilling daily activities. It should be noted that the Marketing and Logistics Technical Advisor also attended the marketing training; his trip was supported by another funding mechanism.

IV. Problems /Challenges faced during the reporting period

During the reporting period, the project faced the following challenges:

1. In some *Confiance* network clinics, there is double coverage caused by the integration of FP by PMTCT partners. Consequently, there are two different approaches for the distribution of contraceptives (social marketing and free distribution) in these clinics. Thus, there is high risk that social marketing FP products be pushed out by the same products freely distributed.
2. The news of cuts in the HIV budget for FY13 had some negative impact for the continuity of the project activities: separation with some staff members, loss of motivation for the remaining staff, no funds for the continuation of local NGOs' activities, not enough funds for supervision missions and post-training monitoring, etc.
3. Aquatabs' stockout due to customs clearance issue.
4. Exoneration and license plate issues that delayed the acquisition of vehicles, which is necessary to achieve project's indicators.
5. Inaccessibility of 11 USAID's HZs (out 28 HZs) under FDLR's control in Sud-Kivu: Lulingi, Shabunda, Mulungu, Kaloki, Kitutu, Lemera, Haut Plateau, Kalonge, Mubumbano, Kanyola and Idjwi.
6. Delayed start of FP/PMTCT training sessions due, among other things, to a delayed transmission of participants' list by PMTCT partners.
7. No stock of Microlut.

V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff made the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" available for FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before it reaches the clinic incinerator, and it also contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP method training. Guidelines for assuring IEE requirements are met in *Confiance* clinics and have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.

5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

1. USAID's regulations on delivering FP services and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.
2. As part of capacity building on USAID's FP policy, PSI/ASF's teams in charge of FP activities have been taking online courses on regulations concerning the provision of services and contraceptive products in order to ensure better program coordination.

VII. Planned activities versus progress (table)

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC															
	Activity	2012												Comments	
		OCT				NOV				DEC					
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
A	Program Administration														
A-1	Planning 2013														
A-1-1	Organize a 2013 activity-planning workshop for the AIDSTAR project with USAID, the Ministry of Health through its technical programs [National Reproductive Health Program (PNRSR), National AIDS Control Program (PNLS), National Multi-Sectoral Program against AIDS (PNMLS) and National Program to Combat Diarrheal Diseases (PNLMD)] and implementing partners (USAID/PROVIC, USAID/PROSANI)	X												Achieved	
A-1-2	Submit the final version of the 2013 action plan to USAID for approval				X									Achieved	
A-2	AIDSTAR project's closeout														
A-2-1	Create a closeout plan and send to USAID													Ongoing	
A-2-2	Create an inventory of equipment acquired for the project								X	X	X	X		Achieved	
A-2-6	Manage a progressive separation of project staff based on project objectives	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
A-3	International trips														
A-3-1	Conduct a short term technical assistance to review the design and the implementation of the ASF's institutional development plan (PSI Washington to DRC)				X									Achieved	
A-3-2	Participate in the Dar es Salaam Conference on the use of mobile technology to improve FP and RH (DRC to Tanzania)					X								Achieved	
A-3-5	Participate in three sessions of capacity building training : PSI Induction, DELTA Marketing Leaders, Foundations of Leadership (DRC to PSI Washington)				X	X	X							Achieved	
A-3-7	Conduct an R&R trip (DRC to France)									X	X	X		Achieved	
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered														
B-1	Cross-Cutting Activities														
B-1-1	Continue collaboration with wholesalers and distributors	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-2	Continue working with sales forces in a timely and targeted way to support the distribution of social marketing products	X	X	X	X					X	X	X	X	Ongoing	
B-1-3	Visit points of sale based on social marketing performance (MAP) criteria	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-5	Inventory all rural strategy materials in provinces and continue the rural strategy			X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2	HIV/AIDS/STI Activities														
B-2-1	Product														
B-2-1-1	Acquire "Prudence Sensuel" samples and complete technical file for market entry authorization						X	X	X	X	X	X		Achieved	
B-2-1-3	Order packaging for "Prudence" male condoms	X	X	X	X	X	X	X	X					Ongoing	
B-2-1-4	Test and package male and female condoms	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-2	Placement/Distribution														
B-2-2-1	Dispatch "Prudence" and "Prudence for Women" to the provinces				X	X	X	X	X	X	X	X	X	Ongoing	
B-2-2-2	Distribute male and female condoms through social marketing	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-2-3	Increase the distribution of condoms in hotels in partnership with the PNMLS and the Ministry of Tourism	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC														
	Activity	2012												Comments
		OCT			NOV			DEC						
B-3	Family Planning Activities													
B-3-1	Product													
B-3-1-1	Finalize the order for "Confiance" product packaging	X	X	X	X	X	X	X	X	X	X			Ongoing
B-3-1-2	Test and package FP products			X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-1-3	Follow up on the Microlut registration process	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
B-3-2	Placement/Distribution													
B-3-2-1	Dispatch social marketing FP products to the provinces	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-2-2	Direct clinics to restock from distributors	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-3-2-3	Distribute FP products (COC, DMPA, IUD, CycleBeads, Implants) through social marketing	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-4	Maternal & Child Health Activities													
B-4-a	CDKs													
B-4-a-1	Placement/Distribution													
B-4-a-1-1	Complete the distribution of the remaining stock of CDKs	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
B-4-b	Product: Diarrhea Treatment Kits (DTK)													
B-4-b-1	Product													
B-5	Water and Sanitation Activities													
B-5-1	Product													
B-5-1-1	Test Aquatabs in Kinshasa						X	X	X	X	X	X	X	Postponed in Q2 FY13
B-5-1-2	Order Aquatabs packaging			X	X	X	X	X	X	X	X	X	X	Postponed in Q2 FY13
B-5-2	Placement/Distribution													
B-5-2-2	Dispatch PUR stock to the provinces		X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-5-2-3	Distribute PUR packets to endemo-epidemic cholera sites in partnership with affected health zones	X	X	X	X	X	X	X	X	X	X	X	X	Achieved
B-5-2-4	Distribute Aquatabs tablets to commercial distributors/wholesalers, health zones, NGOs and other institutions	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of													
C-1	Cross-Cutting Activities													
C-1-1	Share various communication materials developed on CD and DVD and approved by the Ministry of Health with governmental and non governmental partners	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C-1-2	Produce a documentary on the AIDSTAR project integrating pictures from activities in the provinces, in order to document best practices and lessons learned for future projects					X	X	X	X	X	X	X	X	Ongoing
C-2	HIV/AIDS/STI Activities													
C-2-1	Media Communication and Supports Development													
C-2-1-1	Finalize distribution of remaining communication materials produced in 2012	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-2	Broadcast "Prudence" reminder radio and TV spots developed in 2012 (5")								X	X	X	X	X	Postponed in Q2 FY13
C-2-1-3	Print key messages (such as correction of false beliefs) on posters to be distributed with targeted communities						X	X	X	X	X	X	X	Postponed in Q2 FY13
C-2-1-4	Organize interpersonal communication sessions with PNLS, PNMLS, HZs and local implementing NGOs	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-5	Plan mass communication sessions with PNLS, PNMLS, HZs and local implementing NGOs (MVU, etc.)	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-6	Organize BCC activities coupled with VCT in collaboration with PROVIC and other partners where PROVIC is not present	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C-2-2	100%Jeune													
C-2-2-1	Produce and distribute 100%Jeune magazine (including FP messages)	X	X	X	X	X	X	X	X	X	X	X	X	Postponed in Q2 Fy13
C-2-2-3	Increase the number of followers on the 100%Jeune Facebook page to involve youth in discussions about their health issues	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing

[illegible]

VIII. Key activities and challenges for the next quarter (table)

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																										
	Activity	2012												2013												Comments
		OCT				NOV				DEC				JAN				FEB				MAR				
		W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																									
A-1	Planning 2013																									
A-1-1	Organize a 2013 activity-planning workshop for the AIDSTAR project with USAID, the Ministry of Health through its technical programs (National Reproductive Health Program (PNRS), National AIDS Control Program (PNLS), National Multi-Sectoral Program against AIDS (PNMLS) and National Program to Combat Diarrheal Diseases (PNLMD)) and implementing partners (USAID/PROVIC, USAID/PROSANI)	X																								
A-1-2	Submit the final version of the 2013 action plan to USAID for approval			X																						
A-2	AIDSTAR project's closeout																									
A-2-1	Create a closeout plan and send to USAID																									
A-2-2	Create an inventory of equipment acquired for the project								X	X	X	X	X	X	X	X										
A-2-4	Take an preliminary inventory of remaining products in all provinces at the end of the project																							X		
A-2-6	Manage a progressive separation of project staff based on project objectives	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
A-3	International trips																									
A-3-1	Conduct a short term technical assistance to review the design and the implementation of the ASF's institutional development plan (PSI Washington to DRC)				X																					
A-3-2	Participate in the Dar es Salaam Conference on the use of mobile technology to improve FP and RH (DRC to Tanzania)					X																				
A-3-5	Participate in three sessions of capacity building training : PSI Induction, DELTA Marketing Leaders, Foundations of Leadership (DRC to PSI Washington)			X	X	X																				
A-3-6	Participate in a capacity building visit for key personnel (DRC to PSI Washington)														X	X										
A-3-7	Conduct an R&R trip (DRC to France)								X	X	X	X	X													
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector,																									
B-1	Cross-Cutting Activities																									
B-1-1	Continue collaboration with wholesalers and distributors	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-1-2	Continue working with sales forces in a timely and targeted way to support the distribution of social marketing products	X	X	X	X				X	X	X	X					X	X	X	X						
B-1-3	Visit points of sale based on social marketing performance (MAP) criteria	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-1-4	Organize annual strategic meetings with distributors/wholesalers																X	X	X	X						
B-1-5	Inventory all rural strategy materials in provinces and continue the rural strategy			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2	HIV/AIDS/STI Activities																									
B-2-1	Product																									
B-2-1-1	Acquire "Prudence Sensuel" samples and complete technical file for market entry authorization					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
B-2-1-2	Receive delivery of "Prudence Sensuel" male condoms from USAID																				X	X	X	X		
B-2-1-3	Order packaging for "Prudence" male condoms	X	X	X	X	X	X	X	X																	
B-2-1-4	Test and package male and female condoms	X	X	X	X	X	X	X	X	X	X	X														
B-2-2	Placement/Distribution																									
B-2-2-1	Dispatch "Prudence" and "Prudence for Women" to the provinces			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2-2-2	Distribute male and female condoms through social marketing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-2-2-3	Increase the distribution of condoms in hotels in partnership with the PNMLS and the Ministry of Tourism	X	X	X	X	X	X	X	X	X	X	X														
B-3	Family Planning Activities																									
B-3-1	Product																									
B-3-1-1	Finalize the order for "Confiance" product packaging	X	X	X	X	X	X	X	X	X	X	X														
B-3-1-2	Test and package FP products		X	X	X	X	X	X	X	X	X	X														
B-3-1-3	Follow up on the Microlut registration process	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2	Placement/Distribution																									
B-3-2-1	Dispatch social marketing FP products to the provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2-2	Direct clinics to restock from distributors	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2-3	Distribute FP products (COC, DMPA, IUD, CycleBeads, Implants) through social marketing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																										
	Activity	2012						2013																		Comments
		OCT	NOV	DEC	JAN	FEB	MAR																			
B-3	Family Planning Activities																									
B-3-1	Product																									
B-3-1-1	Finalize the order for "Confiance" product packaging	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-2	Test and package FP products		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-3	Follow up on the Microlut registration process	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2	Placement/Distribution																									
B-3-2-1	Dispatch social marketing FP products to the provinces	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2-2	Direct clinics to restock from distributors	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2-3	Distribute FP products (COC, DMPA, IUD, CycleBeads, Implants) through social marketing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-4	Maternal & Child Health Activities																									
B-4-a	CDKs																									
B-4-a-1	Placement/Distribution																									
B-4-a-1-1	Complete the distribution of the remaining stock of CDKs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-4-b	Product: Diarrhea Treatment Kits (DTK)																									
B-4-b-1	Product																									
B-4-b-1-1	Receive samples of low-osmolality ORS 1-liter packets and packs of ten 20-mg Zinc tablets as well as technical documents																									
B-4-b-1-2	Request market entry authorization for DTKs from the third directorate of the Ministry of Public Health																									
B-4-b-1-5	Order the DTKs wholesalers packaging																									
B-4-b-2	Placement/Distribution																									
B-5	Water and Sanitation Activities																									
B-5-1	Product																									
B-5-1-1	Test Aquatabs in Kinshasa																									
B-5-1-2	Order Aquatabs packaging																									
B-5-1-3	Package Aquatabs																									
B-5-2	Placement/Distribution																									
B-5-2-1	Dispatch Aquatabs to the provinces																									
B-5-2-2	Dispatch PUR stock to the provinces																									
B-5-2-3	Distribute PUR packets to endemo-epidemic cholera sites in partnership with affected health zones	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
B-5-2-4	Distribute Aquatabs tablets to commercial distributors/wholesalers, health zones, NGOs and other institutions	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C	TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and																									
C-1	Cross-Cutting Activities																									
C-1-1	Share various communication materials developed on CD and DVD and approved by the Ministry of Health with governmental and non governmental partners	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-1-2	Produce a documentary on the AIDSTAR project integrating pictures from activities in the provinces, in order to document best practices and lessons learned for future projects																									
C-2	HIV/AIDS/STI Activities																									
C-2-1	Media Communication and Supports Development																									
C-2-1-1	Finalize distribution of remaining communication materials produced in 2012	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-2	Broadcast "Prudence" reminder radio and TV spots developed in 2012 (5")																									
C-2-1-3	Print key messages (such as correction of false beliefs) on posters to be distributed with targeted communities																									
C-2-1-4	Organize interpersonal communication sessions with PNLS, PNMLS, HZs and local implementing NGOs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-5	Plan mass communication sessions with PNLS, PNMLS, HZs and local implementing NGOs (MVU, etc.)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-6	Organize BCC activities coupled with VCT in collaboration with PROVIC and other partners where PROVIC is not present	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-2	100%Jeune																									
C-2-2-1	Produce and distribute 100%Jeune magazine (including FP messages)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-2-2-2	Explore the need for the development of an electronic edition of 100%Jeune																									
C-2-2-3	Increase the number of followers on the 100%Jeune Facebook page to involve youth in discussions about their health issues	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

FY 2013 Workplan for the Advancing Social Marketing for Health in DRC																										
	Activity	2012						2013																		Comments
		OCT	NOV	DEC	JAN	FEB	MAR																			
C-3	Family Planning Activities																									
C-3-1	Promotion/Communication																									
C-3-1-1	Produce a poster with frequently asked questions addressing false beliefs, to be posted in clinics and sales points, in partnership with PNSR																									
C-3-1-2	Finalize the design for the FP flipcharts begun in 2012 in collaboration with PNSR	X	X	X	X	X	X	X																		
C-3-1-3	Produce and distribute flipcharts to network community organizers																									
C-3-1-4	Develop 5 posters on quality assurance protocols (reference materials) to be posted in clinics and sales points, in partnership with PNSR																									
C-3-1-5	Hold interpersonal communication sessions and educational chats with community-based educators	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-6	Hold integrated mass communication activities																									
C-3-1-7	Continue to provide RH/FP-related information through the existing toll free hotline on business days	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
C-4	Maternal & Child Health Activities																									
C-4-a	ORS/Zinc Activities																									
C-4-a-1	Promotion/Communication																									
C-4-a-1-4	Print and distribute flipcharts on diarrhea management developed in 2012 with PNLM																									
C-5	Water and Sanitation Activities																									
C-5-1	Promotion/Communication																									
C-5-1-1	Organize mass communication activities																									
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including																									
D-1	Cross-Cutting Activities																									
D-1-1	Organize technical meetings with NGO partners/CBO committees																									
D-1-2	Organize post training sessions with trained PEs and supervisors, implementing partner NGO members, PNLS and PNMLS representatives on integrated communication techniques and data quality assurance																									
D-1-3	Organize technical meetings with CBEs and FP service providers from Confinance network clinics																									
D-1-4	Utilize trainers trained on PPIUD in 2012 to train 10 FP clinic providers in Kinshasa in partnership with the PNSR																									
D-1-5	Organize FP training sessions for 500 PMTCT partner service providers funded by USAID and CDC in partnership with the PNSR																									
D-1-8	Continue ASF institutional development	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
D-1-9	Hold a workshop to develop the PSI/ASF 2013-2016 strategic plan																									
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels																									
E-1	Cross-Cutting Activities																									
E-1-1	Organize quarterly monitoring meetings with USAID at the national level																									
E-1-2	Organize quarterly coordination meetings with other USAID partners at the provincial level, based on the experience of the PSI/ASF Kisanjani office																									
E-1-3	Participate in periodic reviews and planning for USAID HZs																									
E-1-4	Participate in the development of HZ operational action plans																									
E-1-5	Organize a semiannual discussion meeting with FP clinic managers in partnership with the PNSR																									
E-1-6	Participate in thematic meetings (health clusters, WASH, FP repositioning, HIV) at the national and provincial levels	X																								
E-1-7	Participate in the Ministry of Health annual review																									
E-1-8	Hold, where possible, weekly working sessions with program offices and Health Zones to reinforce coordination	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
E-2	Capacity Building & Assessments																									
E-2-1	Renew partnership agreements with local implementing NGOs	X	X	X	X																					
E-2-2	Build leadership capacities of local provincial staff (PO, coordinators)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
E-2-3	Build capacities of 11 partner NGOs through Social Impact and use them for behavior change communication activities	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
F	Research, Monitoring and Evaluation																									
F-1	Cross-Cutting Activities																									
F-1-1	Organize 3 TRAC surveys (HIV, FP, WTR/MCH)																									
F-1-2	Organize a MAP study																									
F-1-4	Develop integrated supervisory and reporting tools																									
F-1-5	Organize integrated supervisory visits from the national level to the provincial level																									
F-1-6	Organize integrated supervisory visits from the provincial level to implementing partners																									
F-2	HIV/AIDS																									
F-2-1	Hold a Willingness-to-Pay study on "Prudence" products																									
F-2-2	Organize a qualitative study on "Prudence for Women" in three health zones, taking into account mid-term evaluation results																									
F-3	Reporting																									
F-3-1	Produce the last quarterly report on the status of AIDSTAR project indicators for 2012																									
F-3-2	Produce an annual report for year 3 of the AIDSTAR project																									
F-3-3	Produce quarterly reports on the status of AIDSTAR project indicators for 2013																									

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Revised Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	34,000,000	9,500,000	88,500,000
	Female Condoms	500,000	700,000	1,100,000	175,000	2,475,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	200,000	200,000	250,000	750,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	6,000	6,000	6,200	22,200
	Implants	500	800	2,500	2,500	6,300
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	0	0	100,000	100,000
	PUR	1,000,000	2,000,000	2,000,000	2,200,000	7,200,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,000,000	7,150,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							Comments/Assumptions
INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	34 000 000	9 500 000	88 500 000	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (30,000,000+4,000,000). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension + available packaged stock in provincial warehouses as of end of FY12 (4,500,000+5,000,000)
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 100 000	175 000	2 475 000	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (1,000,000+100,000). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension + available packaged stock in provincial warehouses as of end of FY12 (110,000+65,000)
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Expected results are based on other donors supplying products. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
4	Number of Diarrhea Treatment Kits containing 2 low-osmorality flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	0	100 000	100 000	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, only 100,000 DTKs are expected to be distributed late FY2013.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 020 000	1 275 000	3 995 000	Year 1 and 2 targets remain the same. Year 3 & 4 target are decreased by the number of POP to be distributed (respectively 180,000 and 225,000) because of stock out of Ovrette since FY10 and lack of approval for distribution (Autorisation de mise sur le Marche) of Microlut).
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.

INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	2 500	2 500	6 300	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 1 due to registration issue. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	88 867	145 107	152 150	183 200	569 323	Based on the revised distribution targets above and the new USAID's CYP conversion factors, the calculation of CYPs is updated.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	11 252	1 200	16 816	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (10,952+300). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	23 442	3 900	45 059	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (19,942+3,500). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	19 666	3 100	37 052	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (16,566+3,100). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension.
15	Number of targeted condom service outlets	1 800	6 000	7 952	8 852	8 852	Year 1 and 2 targets remain the same. As this indicator is cumulative from one year to the following, Year 3 & 4 targets are increased by adding Kinshasa-Kisangani extension (respectively 800 and 900).
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	340 000	60 000	600 000	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (300,000+40,000). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension.

INDICATORS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
17 Number of media outlets including HIV/AIDS messages in their programs	0	48	30	10	48	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (27+3). HIV Year 4 budget reduction results in a limitation of this indicator to Kinshasa-Kisangani extension.
18 Number of media broadcasts that promote responsible sexual behavior	0	20 160	12 986	1 000	34 146	Year 1 and 2 targets remain the same. Year 3 target is increased by adding Kinshasa-Kisangani extension (5,400+7,586).
19 Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	No change
20 Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	0	204	No change
21 Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor.
22 Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	No change
23 Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	0	20 000	20 000	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, only 20,000 people are expected to be reached late FY2013.
24 Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change. Non cumulative indicator.
25 Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers. No change.
26 Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	-	-	-	-	-	Due to the late approval of the waiver for purchasing ORAZINC (Orasel+Zinc) by USAID, and the consecutive need to initiate a new international tender, the arrival of the product in DRC is expected in May 2013. Thus, the distribution will certainly not start before June 2013. Consequently, we believe that it will be difficult to measure this indicator.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities						
27 Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible. Thus, the indicator for year 3 was zeroed out.
28 Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Year 2 and 3 are cumulative.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners						

IX.2- Inventory on hand: stock

The table below highlights PSI/ASF's current unpackaged and packaged stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products					MCH Products	WatSan Products	
	Prudence Male	Prudence Female	Combi 3	Injectable	IUD	Cycle Beads	Jadelle	DELIVRANS	PUR	AQUATABS
KINSHASA	46 256 280	279 993	1 350 481	170 807	1 669	79 818	1 186		2 210 988	26 232
KATANGA	1 080 370	43 314	173 676	1 120	213	65	51		118 152	1 760
BAS CONGO	307 305	11 920	14 692	0	20	530	8		15 360	0
SUD KIVU/NORD KIVU	540 504	52 456	20 535	3 688	85	0	419		0	0
PROVINCE ORIENTALE	293 895	27 152	21 730	0	101	454	290		0	56
EQUATEUR	278 370	0	39 835	5 098	67	414		81	99 306	3 880
KASAI OCCIDENTAL										
KASAI ORIENTAL	2 161 260	0	84 690	7 972	134	405	50		95 520	320
TOTAL	50 917 984	414 835	1 705 639	188 685	2 289	81 686	2 004	81	2 539 326	32 248

IX.3- Travel plan for the next quarter

Trip subject	Person	From	To	Anticipated period
STTA trip to prepare for project closeout	One staff member from PSI/W	USA	DRC	March 2013

X.4- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CBDA	: Community-Based Distribution Agent
CBE	: Community-Based Educator
CCP	: Comprehensive Condom Programming
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
CSW	: Commercial Sex Worker
CYP	: Couple Years of Protection
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MCSD	: Marketing, Communication and Sales Department
MoH	: Ministry of Health
MSM	: Men having Sex with Men
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEC-D	: Prise en Charge Correcte de la Diarrhée
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMTCT	: Prevention of Mother To Child Transmission
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida

PNSA	: Programme National de la Santé des Adolescents
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
PPIUD	: Postpartum Intra Uterine Device
ProVIC	: Projet de lute contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
SCOGO	: Société Congolaise de Gynéco-Obstétrique
SI	: Social Impact
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
UNFPA	: United Nations Population Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: West and Central Africa